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7590 09/22/2004

**Kai Kroh**  
**Galvani, Suite 190**  
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**Maple Grove, MN 55369**

**Patterson, Thunte, Skaar & Christensen, P A.**  
**4800 IDS Center, 80 S. 8th St.**  
**Minneapolis, MN 55402**

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<b>Brad Pedersen</b>	(Depositor's name)
	(Signature)
<b>December 22, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/693,551

10/20/2000

Kai Kroll

3230.03US05

7172

TITLE OF INVENTION: ELECTRICAL CARDIAC OUTPUT FORCER

12/30/2004 BABRAHA2 00000034 09693551

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$0

\$665

12/22/2004

EXAMINER	ART UNIT	CLASS/SUBCLASS
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JASTRZAB, JEFFREY R

3762

607-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Patterson, Thunte, Skaar**  
 2 **& Christensen, P.A.**  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Galvani, Ltd.**

**Minneapolis, Minnesota**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **December 22, 2004**

Typed or printed name **Brad Pedersen**

Registration No. **32,432**

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